

## Fire Flow Request

DATE:

Name of Company:

Requestor name:

Mailing address:

Contact Numbers:

Name of Project:

Address of Project:

Project Type:  Commercial  Multi -unit single family  Multi -unit  Hospital  Industrial  Residential  Motel/Hotel  
 Car Wash

Specific request:  Static PSI  Residual PSI  Hydrant flow  Available fire protection  Size line  
 Pressure Zone

Vicinity Map:

Number of Hydrants:

Signature of requestor: \_\_\_\_\_ Date: \_\_\_\_\_

A representative of the company may be required during the flow test. The City of Johnson City does not guarantee the results except for the time that they are taken. Certain conditions and times can cause change in the pressure and flow at the request area.

### Process of request

Work order number:

Work order assigned to:

GIS map information:

Specific Hydrant location and number:

Cost of service:  Signature of person performing work: \_\_\_\_\_

### Results

Date of work performed:  Hydrant flowed ID #:

Address of work performed:  Hydrant residual test ID #:

Nearest intersecting road:

Was a company representative on site during test?  Yes  No

Static PSI:  Pressure Zone of Hydrant flowed:

Residual PSI:  Line size hydrant connected to:

Hydrant flow in GPM's:

Time of hydrant flow:  Water loss estimate:

Engineering approval:  Yes  No Engineer signature: \_\_\_\_\_

Comments: